

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H/L	13	3-12-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	13	3/28/01
FORMALITY REVIEW	R.	TC 873	04-13-01
RESPONSE FORMALITY REVIEW	MD	Scarr	09/07/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

1/3/01
10/10/01